

12-7-01

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Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. P05375US1  
First Inventor Farrell, David H.  
Title A MONOCLORAL ANTIBODY-BASED...  
Express Mail Label No. EV 038213209 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 31]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
5. ☐ Oath or Declaration [Total Pages ]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☒ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☒ paper
  - c. ☒ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Certificate of Express Mailing

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_  
Prior application information. Examiner \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 27407 (Insert Customer No. or Attach bar code label here) or ☐ Correspondence address below

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_ Telephone (515) 288-3667 Fax (515) 288-1338

Name (Print/Type) Heidi Sease Nebel Registration No. (Attorney/Agent) 37,719  
Signature \_\_\_\_\_ Date 12/5/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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12/05/01

Express Label No. EV 038213209 US

PTO/SB/17 (11-01)

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**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

508

**Complete if Known**

Application Number

Filing Date

First Named Inventor

Farrell, David H.

Examiner Name

Group Art Unit

Attorney Docket No.

P05375US1

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number  
Deposit Account Name

26-0084

Zarley, McKee Thomte, Voorhees &amp; Sease

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	370
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

370

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
26	-20** = 6	X 9 =	54
5	-3** = 2	X 42 =	84
Multiple Dependent		0 =	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

138

\*\*or number previously paid, if greater, For Reissues, see above

**FEE CALCULATION** (continued)**3. ADDITIONAL FEES**

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0

**SUBMITTED BY**

Name (Print/Type)

Heidi Sease Neigel

Registration No.  
(Attorney/Agent)

37,719

Complete (if applicable)

Telephone

(515) 288-3667

Signature

Date

12/5/01

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT

Client Docket: P05375US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: FARRELL, et al. ART UNIT:  
SERIAL NO: EXAMINER:  
FILED:  
TITLE: A MONOCLONAL ANTIBODY-BASED DIAGNOSTIC ASSAY  
FOR GAMMA FIBRINOGEN

STATEMENT TO SUPPORT FILINGS AND SUBMISSIONS  
IN ACCORDANCE WITH 37 CFR §§ 1.821-1.825

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

The paper copy of the Sequence Listing in the attached application, is identical to the computer readable copy of the Sequence Listing filed in the attached application, filed December 5, 2001. In accordance with 37 CFR 1.821(e) and MPEP 2422.05, please use the only computer readable form filed in that application as the computer readable form for the instant application. It is understood that the Patent and Trademark Office will make the necessary change in application number and filing date for the instant application. A paper copy of the Sequence Listing is attached.

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CERTIFICATE OF MAILING (37 C.F.R. § 1.8(a))

I hereby certify that the foregoing is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

12/5/01  
Date

  
Wendy K. Marsh

Variable	Mean	SD	Min	Max
Age	34.5	10.2	22	55
Gender	0.5	0.5	0	1
Marital Status	0.6	0.5	0	1
Education	12.5	1.5	10	15
Income	1500	500	1000	2500
Health Status	0.8	0.2	0	1
Stress Level	3.5	1.5	1	5
Life Satisfaction	4.2	1.0	3	5
Work-Life Balance	3.8	1.2	2	5
Family Support	4.5	1.0	3	5
Community Involvement	3.2	1.2	1	5
Personal Growth	4.0	1.0	3	5
Financial Stability	3.5	1.0	2	5
Emotional Well-being	4.1	1.0	3	5
Physical Health	4.3	1.0	3	5
Social Connections	3.9	1.0	2	5
Meaning in Life	4.4	1.0	3	5
Resilience	3.7	1.0	2	5
Optimism	4.2	1.0	3	5
Gratitude	4.0	1.0	3	5
Self-compassion	3.8	1.0	2	5
Emotional Regulation	3.6	1.0	2	5
Life Purpose	4.1	1.0	3	5
Work Engagement	3.9	1.0	2	5
Job Satisfaction	4.0	1.0	3	5
Organizational Commitment	3.7	1.0	2	5
Leadership Skills	3.5	1.0	2	5
Teamwork	3.8	1.0	2	5
Communication Skills	3.6	1.0	2	5
Problem Solving	3.7	1.0	2	5
Decision Making	3.5	1.0	2	5
Time Management	3.4	1.0	2	5
Stress Management	3.6	1.0	2	5
Emotional Stability	3.8	1.0	2	5
Resilience	3.7	1.0	2	5
Optimism	3.9	1.0	2	5
Gratitude	3.8	1.0	2	5
Self-compassion	3.7	1.0	2	5
Emotional Regulation	3.6	1.0	2	5
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Job Satisfaction	3.8	1.0	2	5
Organizational Commitment	3.6	1.0	2	5
Leadership Skills	3.5	1.0	2	5
Teamwork	3.6	1.0	2	5
Communication Skills	3.5	1.0	2	5
Problem Solving	3.6	1.0	2	5
Decision Making	3.4	1.0	2	5
Time Management	3.3	1.0	2	5
Stress Management	3.5	1.0	2	5
Emotional Stability	3.7	1.0	2	5
Resilience	3.6	1.0	2	5
Optimism	3.8	1.0	2	5
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Teamwork	3.4	1.0	2	5
Communication Skills	3.3	1.0	2	5
Problem Solving	3.4	1.0	2	5
Decision Making	3.2	1.0	2	5
Time Management	3.1	1.0	2	5
Stress Management	3.3	1.0	2	5
Emotional Stability	3.5	1.0		

Wendy K. Marsh, Reg.  
EARLEY, McKEE, THOMT  
S. C. 3033

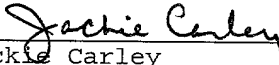
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I hereby certify that this document and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service in an envelope as "Express Mail Post Office to Addressee" addressed to: Assistant Commissioner for Patents, Box Patent Application, 2900 Crystal Drive, Arlington, VA 22202-3550, prior to 5:00 p.m. on the 5<sup>th</sup> day of December, 2001.

  
\_\_\_\_\_  
Jackie Carley  
Express Mail Label # EV 038213209 US

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